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Original Communications.

FATAL HÆMATEMESIS, FROM CIRRHOSIS OF THE LIVER.

By F. MINOT, M.D., Boston. Read before the Boston Society for Medical Observation, March 4th, 1872.

FATAL hæmorrhage from the stomach in cases of cirrhosis is so rare that I am desirous of putting on record the following observation, especially as by an error in diagnosis the true nature of the disease was not known until after death.

The patient was a man, 58 years old, a grocer by trade, but who had formerly followed the sea. While in that occupation he had been a hard drinker, but of late had not drunk to excess. He was large of size, stout, and generally healthy. Early in December, 1870, he had an attack of acute tonsillitis, from which he quickly recovered. On the morning of the 23d of the same month, without obvious cause, he suddenly vomited a large quantity of blood. Two hours afterwards he brought up at least a pint more of dark blood, in my presence. The whole amount was perhaps three pints. There was some prostration, but the pulse was pretty firm—about 120 in the minute. There had been no symptom of ulceration or disease of the stomach, of aneurism, or of pulmonary affection. The bowels were regular. The patient was accustomed to drink large quantities of cold water.

I injected a quarter of a grain of morphia under the skin, ordered ergot, ice, sinapisms, absolute rest, and nourishing diet. He slept most of the day, and sweated profusely. No more hæmorrhage.

Dec. 24th.—Comfortable night. No more hæmorrhage. Several dark-looking dejections. After coughing, he vomited a small amount of dark fluid, containing a good deal of "coffee-grounds" sediment. (Tinct. ferri chloridi, with liquor. ammoniæ acet.)

Dec. 25th.—No hæmorrhage. Somewhat restless during the night. Pulse 92. Some

hacking cough, which has been noticed since a few weeks.

Dec. 29th.—A little bloody expectoration, which the patient declares "comes from his head." Pulse 93. Tongue moist. Cough more frequent, especially towards night. (Chloral.)

Jan. 7th, 1871.—Since the last report there has been no hæmorrhage until to-day. The patient has not left his room. He has complained much of debility and difficulty of sleeping, for which he has taken chloral in doses of 30 grains, followed by 15 grains of the same, but without much benefit. Last night he took a quarter of a grain of morphia, followed in an hour by 15 grains of chloral, and this series was repeated once. He then fell asleep, and had a comfortable night. The appetite has been poor; bowels in tolerable order, the dejections being colored black, probably by the iron. This morning he was restless; pulse 120; tongue dryish, and covered with a thin, white coat. At 11, A.M., he had nausea, which was soon followed by the vomiting of about a pint of blood. Soon after this, he threw up, in my presence, about a quart of dark-colored blood, partly coagulated, in four or five acts of vomiting. (Morphia subcutaneously; quinine, with sulphuric acid; sinapisms; wine whey.) There was no tenderness below the xyphoid cartilage; but he complained a little of pressure about the left lower cartilage, but that was probably owing to the mustard.

Jan. 8th.—Some delirium in the night; early in the morning he vomited several times, the whole amount being about three pints, of a black fluid, with fine grains, and a few clots; evidently consisting of food (wine whey, milk, &c.), with some blood, and colored by the sulphuric acid. (He had taken no iron for twenty-four hours.) He was somewhat prostrated. Pulse 108, firmer than yesterday. At noon there was a fresh attack of vomiting of blood (after a stool), followed by alarming prostration. At 2, P.M., he was insensible and pulseless, and died at 4, P.M.

Autopsy, 24 hours after death. Abdomen

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only opened. Stomach contained more than a quart of fluid, stained with blood, and containing some clots, and smelling of brandy. No ulceration, but some appearance of an old cicatrix, an inch in diameter. Near the cardiac extremity, some deep congestion of the mucous membrane; a similar patch of congestion in the duodenum, close to the pylorus; no breach of surface anywhere visible. No large vessels seen in stomach. Liver large, surface rough, being a perfect specimen of the "hob-nail" liver. No ascites. The other organs were healthy.

Foreign Correspondence.

A LETTER FROM VIENNA.

By PATRICK A. O'CONNELL, M.D., Boston.

CAN any good reason be given why Boston should be represented in Vienna by students of medicine, more largely than any other city in the United States? Why Massachusetts should have more searchers for medical knowledge here than any other State of our Union? This is the fact now, whatever may be the explanation; and the name of our "City of Notions" is becoming quite familiar to the geographically untutored ears of our German friends about the hospital. The number of American students in general, in Vienna, is quite large. Representatives of North and South, of the East and West are flocking here in goodly numbers, bent upon the same errand of acquiring knowledge; and hereafter it may not prove a matter of slight importance, perhaps, that they find their common bond of nationality strengthened by being strangers together in a foreign land. But there are doubtless others, too, within the reach of your JOURNAL who are contemplating a pilgrimage to this Mecca of the American student, and I have thought that a few words from one who, already, has passed through what they may be looking forward to, might not be uninteresting.

It is now almost five months since I came here, wholly ignorant of the German language, unable to understand a word of what the Professors uttered in their lectures, and as helpless as a child so far as exchanging ideas with the persons whom I came in contact with, in daily life, was concerned. In spite of these disadvantages, however, I feel that already I have derived from my journey benefit enough to repay me for the expense and labor of the

undertaking. But I would not advise any one *who does not understand the German language* to come to Vienna for the purpose of study, before learning it.

Upon my arrival, the first item that attracted my notice, professionally, was the immense quantity of *material* at the disposal of the teachers of medicine and surgery; and the very free use that was made of this material, for the purposes of instruction, soon furnished another item that contrasted so strongly with what I had been accustomed to see in America, that I could not avoid a comparison. The poorer classes of the people here, when in health, cannot earn enough to provide for themselves treatment at home during an attack of sickness. The pittance which their daily labor secures for them is scarcely enough to meet their daily wants; and in case of sickness they are compelled by necessity to avail themselves of hospital treatment, and submit to what in America would be termed "*whatever indignities*" the Professors choose to inflict upon them. Thus in the lecture room of Prof. Hebra [on skin diseases] it is not an unusual occurrence for patients—stark naked—to be kept standing and shivering, on exhibition before the class, a half hour at a time. Indeed, the length of time the *patient* is kept waiting is not a matter of consideration at all; his *feelings* do not form any part of the case, and the Herr Professor lectures on *this* until he is fully satisfied, however long it may take, the unresisting individual being required, afterwards, patiently to exhibit himself to the closer scrutiny of whoever may have the desire to examine him. At the lectures on syphilis, in the syphilitic wards, the same freedom of exhibition is exercised on the patients, male and female; they are obliged to expose themselves in whatever attitude will show the disease to the best advantage, and none of them even suspect that they have the slightest right to object to the treatment—to the repeated inspections before the students, or to being made continually the subjects of lectures. And so it is in every department of the hospital. Even the pangs of labor are no protection to the poor female whose case can be made of any use for giving information to the student, or for illustrating any point of theory or practice referred to in former lectures; and this may perhaps indicate how little regard is likely to be paid to patients whose cases would naturally elicit less sympathy.

The lecturer on obstetrics is Prof. Braun. His lecture room communicates directly

with the ward in which parturient women are giving birth to children almost every hour during the day. There is, of course, no lack of material; and the Professor's lectures are generally made up of exhibitions of pregnant women, whose cases form the rallying point for his remarks. Women in labor are brought into the lecture room and *delivered* before the class. When the use of obstetric instruments becomes the subject of lecture, it is easy to demonstrate the mode of using them upon the living subject. Abnormal cases of any kind occurring at the lecture hour, or reserved for the lecture hour, are seized upon with eagerness to be presented to the students; and thus they are enabled to become familiar with the kind of cases that may occur to the obstetrician in active practice. The methods and manner of making examinations are explained and illustrated, and when any information can be given to the student, by the neglect, little regard is paid to the feelings of the patient.

While using patients in this manner in the lecture room, as if the principal purpose of their being in the hospital was to illustrate lectures, the students are allowed to visit the sick in the wards also, with a freedom that is unknown in America. In the obstetric department, regulations exist by which any one of the students of this branch, who desires to do so, can familiarize himself with the processes of labor by actual practice in the wards. These regulations have been described, fully, in the Boston Medical and Surgical Journal of May 25th and June 1st, 1871, and therefore do not need a repetition here.

Apart from any regular plan, however, by which students may secure for themselves the right to remain in the wards, and to examine and assist in the delivery of patients, the hospital is always open to students, who can come and go when they please; and even when they do not care to obtain the right to examine and attend to the cases themselves, they may enter the wards at any time of the day or night to see what is being done by others, or to watch cases of interest.

The privilege of examining and practising upon the patients in the parturient ward is very properly limited; limited to twelve students every day, because the safety of the patients renders it absolutely necessary that some limit should be placed upon this license; for it must be remembered that the majority of the students are simply students, i. e. young men who as yet know nothing of practice, and whose

rude handling would be very likely to inflict injury on the unfortunate subjects of their manipulations, if no restrictions were placed upon the number to whom the privilege was granted.

When a student obtains the right of practising in this ward, he holds it for twenty-four hours at a time, and is termed a "*practikant*." Any one who is desirous of doing so—by devoting his time and attention to it—may secure for himself the privileges of "*practikant*" almost every day.

In a hospital of the size of this immense one of Vienna, through the obstetric department of which alone about 8,000 cases pass annually, it is easy to believe that cases of special interest are likely to occur; and cases of extraordinary interest do occur in the different departments with sufficient frequency to do away with anything like monotony. But the real value of Vienna to the American student, who, having graduated already, and having, perhaps, practised his profession at home, comes here principally to refresh himself in studies already made, or to enable him to fill up deficiencies, here and there, consists in the facilities which exist for taking *special courses* of lectures and instruction on any subject connected with medicine.

The regular Professors pass along in the even tenor of their way, lecturing day after day, and semester after semester, in a *routine manner*, because this has become their regular business for life. Their duties are fixed. Their salaries are to a great extent fixed too; retirement on a pension awaits the close of a life spent in teaching, and unless they are ambitious to acquire a reputation (which, by the by, they have generally achieved or have failed irretrievably to achieve before they become professors), there is no special incentive for exertion. They do not give special courses.

Besides the Professors, however, there are two other classes of instructors who are permitted to avail themselves of the advantages of the hospital, and who, being unprovided with salaries, find it convenient to strive for emolument and reputation, at the same time, by giving the special instruction—in short courses of from four to eight weeks—which makes Vienna an attraction to the foreigner. These are, 1st, the *Docents*, who are, practically, aspirants for professorships; and, 2d, the *Assistants* to the Professors.

The *Docents* receive their title—with the privilege of giving courses of lectures or of teaching in the hospital—after having prepared a thesis upon some subject con-

nected with medicine or surgery, and demonstrated their knowledge and ability before the Professors at a public hearing. If the Professors are satisfied with their qualifications, upon their recommendation the Minister of Public Instruction issues the necessary diploma or authorization.

The *Assistants*, of whom each "Abtheilung" or division may have three, are appointed by the Professors themselves, the appointment requiring, however, the approval of the Minister of Public Instruction; but his approval is generally, if not always, a mere matter of form, so that the position depends, practically, upon the Professor altogether. The Assistants receive about two hundred (200) dollars a year for their services.

Thus it will be seen that of the three classes of instructors here, those who are the most prominent before the medical profession at large, those who have acquired a world-wide reputation already, perhaps, and who might be supposed to be the real foundation of Vienna's popularity, have practically little to do with it. Their lectures are fashioned for students who are learning the elements, and who are required to study for years before graduating here, rather than for the graduate who has learned the elements already, and who wishes to acquire special advanced information in relation to particular parts. In illustration of this point it may not perhaps be improper to refer to some of the names of which Vienna is justly proud, and which may make my meaning clear. Taking, for instance, the subject of pathological anatomy, for the study of which, in spite of its immense amount of material, Vienna presents no facilities whatever, the name of Prof. Rokitsansky looms up, a power in itself. His reputation as a pathologist, of course, requires no mention from me, for his name is known favorably wherever pathological anatomy is studied. He has a large class, made up, by compulsion, of those students who must submit to his examination before they can graduate; but his delivery, his mouthing of his words, is such that even the Germans have the greatest difficulty in guessing what he wishes to express; and as an instructor he is far from being a success. The other instruction obtainable, in this branch, consists of short courses of superficial lectures given by his assistants, who, in common with the other assistants and *docents*, make the distinction between their listeners by charging foreigners an increased price.

Thus the famous Professor Rokitsansky

cannot instruct well, and his subject is too deep for the superficial touch of his assistants. To a person already well informed in pathological anatomy there is, of course, ample opportunity here to see specimens of rare interest every day; but to the beginner it is difficult to make any progress.

Again, another name that is known to fame—Prof. Hebra. His lectures are very amusing, very entertaining, and nobody can question his ability and knowledge; but his teachings are rambling and unsystematic, and the eagerness with which the *special* courses of lectures on diseases of the skin, delivered by *Docents*, are sought for, for the purpose of learning to diagnose such diseases, &c., indicates how his well-deserved reputation compares with his value as a teacher. And, not to multiply examples, I may say, also, in reference to Prof. Braun, that there is no method or system in his teaching of obstetrics. Of course, there can be no question as to his thorough acquaintance with his subject, and his self-satisfied air shows, almost audibly, that he is a firm believer in his ability, himself; but his lectures are rambling and wordy; and, were it not that he uses the material at his command so freely, and is ready to grant the students any privileges of examination or observation they wish for, there would be little that he says worth transcribing. He is very popular, however, and his class is always large, because, as in the case of Prof. Rokitsansky, the students who wish to graduate are obliged to take his course, and, for all others, the taking out of a ticket for his lectures is a necessary preliminary to the free use of the Parturient ward as "Practikant."

From this it will be seen that the special advantages of Vienna do not consist in its possession of instructors who are already known to fame—of men whose reputation is world wide. *Docents*, of whom, perhaps, nobody outside of Vienna has ever heard; and *Professors' Assistants*—persons of no definite position, as men of science—are the individuals who make it attractive; not so much from their ability, as from the fact that they are permitted to use the patients and material of the hospital for illustrating their special courses of lectures, and because they are permitted to deliver lectures on particular subjects—subjects with which they have made themselves familiar.

Does this statement of facts suggest anything in relation to what might be done for Boston?

Glancing over what I have written already, I fear that, even now, I have made my

communication longer than you will care to receive; but when I consider that, excluding the amount of material possessed by Vienna, Boston possesses, in the earnestness and acquirements of many of her young physicians and surgeons, the means of emulating and competing with Vienna in that which draws so many Americans from their homes, I feel that a few additional lines may not be out of place. A new system of medical education has been inaugurated in the Massachusetts Medical College which, I am sanguine, will place its medical student, hereafter, in position to be the equal, if not the superior, of the student of any other similar institution of learning. Why not carry the good work a step farther, and provide for the wants of those who ceased to be called students only because they became graduates and practitioners; but who often feel the need of an opportunity to study, particularly in special subjects of their profession? We have men who would, no doubt, delight in doing in Boston, what the *Docents* and *Assistants to Professors* do in Vienna; and who, moreover, could do it with at least equal ability. Why not inaugurate some such system for the benefit of the practitioner who may need refreshment of this kind? Every consideration seems to recommend it. The standard of our general practitioners would certainly become elevated by the special opportunities which a short vacation to Boston would offer them, then. The special teachers would have an opportunity to develop their abilities, and have a strong incentive to qualify themselves the more thoroughly for their work; while they would, also, become the more fully fitted to occupy the responsible positions of professorships, when vacancies offered; and the removal of the necessity of a journey to Europe, to acquire what might be acquired, so readily, at home, would entitle the system to the gratitude of many a poor aspirant, who would like to make a short vacation (all he can afford), and add to his knowledge, if such were possible.

Boston is competent to this task, if her *Professors* will act in the matter, earnestly, and without the fear that their own positions will be trespassed upon. Excepting its supply of material and its privilege of abusing patients, Vienna possesses no advantage that Boston and Yankee ingenuity may not develop; and by the inaugurating of a system of instruction of this kind in earnest, he who gives will become blessed, equally with him who receives.

Reports of Medical Societies.

BERKSHIRE DISTRICT MEDICAL SOCIETY. J. F. A.
ADAMS, M.D., SECRETARY.

MAY 31st, 1871.—*Embolism of the Anterior Tibial Artery*.—Dr. Paddock, of Pittsfield, reported the case of J. S. T., merchant, aged 20. While walking from his place of business to dinner, Dec. 16th, 1870, he was suddenly seized, when within a few rods of his house, with palpitation of the heart and dizziness, followed immediately by a very sharp pain, extending down the left leg, and becoming located in the region of the anterior tibial artery. This pain was so severe that the leg below the knee was immediately benumbed, and he was obliged to lean against a tree, until assistance arrived to help him home. He was seen by Dr. Paddock an hour later, and was found by him complaining bitterly of pain in the leg; said he had never in his life suffered such pain. He was ordered morphine sulph. one-fourth of a grain every four hours, by stomach, and hot fomentations to the leg.

The following morning, Dr. Paddock found him groaning with pain, the anodyne not having produced a moment of sleep during the night. The left leg and foot were somewhat swelled, the skin was drawn tight over the whole leg, from the knee downwards, presenting a peculiar, glistening white appearance, and the limb was excessively tender throughout, but particularly so over the course of the anterior tibial artery. There was considerable febrile excitement, skin hot and dry, tongue covered with a whitish coat, and he was quite frequently taking large draughts of water to quench his thirst. A hypodermic injection of one-half of a grain of morphia just below the knee soon relieved his pain, but did not mitigate the exquisite tenderness, which seemed more like extreme hyperæsthesia than inflammatory tenderness.

The previous history of the patient is as follows: When 13 years of age, he had a severe attack of inflammatory rheumatism, involving the heart, and leaving thickening of the aortic and mitral valves, as indicated by aortic and mitral regurgitation. From this time up to the date mentioned above, a period of seven years, he had had repeated attacks of inflammatory rheumatism, always attended with heart symptoms, and a gradual increase in the size of the heart; the apex beat finally being three inches below and two inches to the left of the line of the nipple, the whole side of the chest heav-

ing at each systole. The loudest murmur was heard at the apex during the first sound, a less distinct one immediately following the second sound, which was quite feeble.

At the time of this last attack, he was enjoying his usual health, and was able to conduct quite a large mercantile business; indeed, only a few hours before this attack, he had lifted a barrel of flour from the counter to the floor. At this time, Dec. 16th, no definite diagnosis was arrived at. However, a probable diagnosis was made, which since proved to be correct, namely, that an embolus became detached from one of the valves of the heart, probably loosened while lifting the barrel of flour, and had lodged in the anterior tibial artery.

For the first ten days after the attack, the swelling of the leg and foot gradually increased, the pain continuing unabated, except from hypodermic injections of from one-half to one grain of morphia. External applications of chloroform, various anodyne liniments and fomentations, produced no apparent effect. On the eleventh day, a faint discoloration of the skin over the course of the anterior tibial artery was first noticed, extending from the level of the lower end of the tibia eight inches up the leg, or about half way to the knee. This discoloration gradually became darker, and finally the skin became gangrenous over a space eight inches in length, and about two in breadth, and, in about six weeks, the skin and all the subjacent tissues had sloughed out, including the tibialis anticus, extensor longus pollicis, and the flexor longus digitorum muscles, and the anterior tibial artery, leaving the external surface of the tibia and the internal surface of the fibula perfectly bare for eight inches in extent. Both these bones were perfectly healthy in appearance, and continued so throughout, except that the periosteum gradually shrivelled up and came off from the exposed surface from exposure to the air; yet there was no necrosis or caries of the bone. The slough was several weeks in separating. When this was accomplished, the edges of the wound began to granulate feebly, but it never filled up much, the edges of the wound healing over down to the bones, which were left bare.

The patient was confined to his bed nearly all the time till May 17th (five months). The leg continued very much swelled; sloughing took place between the toes, on the heel, and wherever there was much pressure; he could not let his foot hang down enough to sit up in a chair, and the only way he could be kept

comfortable was by hypodermic injections of one-half a grain of morphia every eight hours. His appetite continued good throughout, and he certainly gained somewhat in flesh.

On the night of the 17th of May, he awoke in considerable distress, and when his attendant returned from an adjoining room, whither he had gone for a glass of water for him, he found him dead.

The autopsy was made twelve hours after death. Body tolerably well nourished; lungs healthy; a pint of serum in each pleural cavity; four ounces of serum in the pericardium; the heart very large, the veins on its surface considerably enlarged and congested; heart full of venous blood; the heart, emptied of its contents, weighed 18½ ounces; the wall of the left ventricle was much hypertrophied; right ventricle very thin; both auricles were very large and their walls much thickened. The aortic valves were indurated and contracted, not more than half closing the aortic orifice; the mitral valve was completely ossified; a ring of bone occupied the position of the valve, without the possibility of the least motion, the opening through it being about one fourth of an inch in diameter. On the internal wall of the left auricle, about half an inch from the edge of the mitral valve, was a fleshy vegetation, of a bright red color, about the size of the little finger-nail, and projecting or rising from the surface of the endocardium about an eighth of an inch. This was partially detached from the endocardium, and the free edge was ragged, presenting the appearance of having been recently torn. The attached portion was readily peeled off from the endocardium with the finger-nail. The mucous membrane of the stomach was found considerably congested. The liver was much enlarged, weighing eight pounds, and, excepting some congestion, was not diseased. The kidneys were both somewhat enlarged; cortical substance pale, thicker than natural, and containing, in each kidney, an abscess the size of a small filbert. The tibia and fibula were healthy, and apparently well nourished, with the exception of a very thin scale of bone denuded of periosteum and exposed; this did not contain capillary bloodvessels. The anterior tibial artery was absent from the ankle up to within three inches of the recurrent tibial, which was considerably enlarged. These three inches of the anterior tibial were filled with a white fibrinous clot. The brain was not examined, but the sudden death was supposed to have resulted from a portion of

the auricular vegetation becoming detached and lodged in one of the cerebral arteries.

June 28th, 1871.—*Cancer of Abdominal Viscera.* Dr. Miller, of Stockbridge, described the autopsy of an old man who had long been subject to attacks of colic. The liver was found greatly enlarged, with an ulceration upon its upper surface. On the under side of the liver was an irregular, cancerous formation. The gall-bladder was obliterated, and its place was occupied by an abscess holding half a pint of pus and twenty-three gall-stones, one of them weighing seventy grs. The colon was contracted, its walls thickened, and adherent to the abdominal walls. Other portions of the intestines were also adherent. The pancreas was full of scirrhus deposit, and the stomach had a similar deposit in its walls. An old scrotal hernia existed, and the appendix vermiformis cæci was elongated and lay in the scrotum.

July 26th.—*Two cases in which Fœtal Bones were passed by the Rectum.* Dr. Holcombe, of Lee, presented for inspection fetal bones from two cases, which he reported.

CASE I.—*Retained Fœtus.* The patient died some months ago, and Dr. Holcombe made the autopsy, though he had never seen her during life. She became pregnant at 35, and went on to full term, without anything unusual occurring. She then had symptoms of approaching labor, but labor did not occur. Four or five months after, she had what was called typhoid fever. After this, she was never free from diarrhoea, living for two years after the time of expected confinement. She spoke several times of having passed bones from the rectum, but none were saved. At the autopsy, the uterus was found four inches in length, with spiculæ of bone projecting through its anterior wall. In the posterior wall was an opening, from one to one and a half inches in diameter, into the rectum. The uterus was filled with a mass of bones, consisting of the cranial bones, jaw and ribs, most of the long bones being wanting.

CASE II.—*Extra-Uterine Fœtation.* The patient was a woman 25 years old, residing in Philadelphia. Twenty-five months ago, she had what she supposed to be a miscarriage at the fifth or sixth month. She had profuse hæmorrhage, and passed what her physician said must be the placenta; but no fœtus was found. The os uteri was mechanically dilated and the uterus explored, but proved empty. Since then, she has menstruated regularly, has had diarrhoea or constipation, emaciation and pain in the

bowels. A few days ago she came to this county, and came under the care of Dr. Holcombe. Yesterday, for the first time, she passed some bones from the rectum, consisting of ribs, vertebrae, a radius and a femur. Dr. H. has made a careful examination, but finds nothing in the uterus. He supposes the case to be one of extra-uterine pregnancy.

NOTE.—Shortly after this report was made, the patient died, and an autopsy was made. The remaining bones of a fœtus, with the soft parts almost entirely absorbed, were found occupying a sac attached to the upper and posterior portion of the uterus, and connected with the rectum by an oval aperture, one inch in length and nearly as wide.

Jan. 31st, 1872.—*Large Gall-stone.* Dr. Smith, of Pittsfield, exhibited a gall-stone, weighing 107½ grs. It completely filled the gall-bladder, of which it was an accurate mould, and sent a stem a short distance into the duct. The gall-bladder was tightly contracted about the calculus, and did not contain a particle of bile. The patient was an old lady, who, for twelve years, had suffered from abdominal pain. There was also found an extensive scirrhus deposit in the omentum, mesentery, and coats of the large intestine and rectum.

Selected Papers.

RESECTION OF THE ŒSOPHAGUS.

By Dr. THEODORE BILLROTH. Translated from the Original Monograph.

THE first autopsies which I made of persons who had died of carcinoma of the œsophagus, suggested to my mind whether it might not be possible to resect portions of the œsophagus. Cancer of the œsophagus does not generally extend itself to the lymphatic glands; it is mostly confined to the primary seat of the disease. In order to prevent death from starvation, in patients afflicted with this disease, we are obliged to introduce a bougie into the œsophagus and dilate the constricted parts; nevertheless the trouble, by this means, is often aggravated, as ulceration and softening of the new growth is encouraged by the irritation produced by the frequent introduction of the bougies. There are not, indeed, very many cases of carcinomatous stricture of the œsophagus that are situated sufficiently high to admit of resection; but when such a case does occur, a resection

of the diseased part might save the life of the patient. I thought that after the resection of a portion of the entire circumference of the œsophagus, the lower end might be drawn up by cicatricial contraction, and that an annular stricture of greater or less width be formed, which by means of bougies might be dilated without danger. I thought the process of healing to be similar to that after external urethrotomy, in a case where a portion of the urethra had been destroyed by gangrene or ulceration, and yet, after the operation, recovery and a complete restoration of the function may take place. Cases of obstinate stricture of the œsophagus, also, whether originating in consequence of annular ulcers arising from some unknown cause, or as the result of caustics, might give occasion for removal, or, at least, for incision. Like most cases of stricture of the urethra, those of the œsophagus may be dilated with bougies; yet there are some instances in which the object is not gained by simple dilatation. In such cases I have attempted dilatation with bougies made of tin, and with long œsophagus forceps, but with no great success, and sometimes serious reaction has resulted. I have often thought, also, of an instrument for internal œsophagotomy, but have given up the idea, as I regarded the operation as hazardous. In the meantime, Dolbeau and Trelat have devised such instruments (œsophagotomes), and in several cases have employed them with success. M. Bruns performed external œsophagotomy in a case of stricture, and, although the patient finally died of pneumonia, his life was prolonged for a time by means of the operation, which in my opinion proves the propriety of the operation in similar cases.

Two accidental wounds of the œsophagus which I had an opportunity to observe at Zurich, together with an œsophagotomy which I performed here in Vienna for the removal of a foreign body, cause me to regard as insignificant the danger of injury of the œsophagus. In a monograph by Dr. Cheever (Boston, 1867), are collected the results of the œsophagotomies that have been published, and they give an exceedingly favorable aspect to the operation.

In a case of ulceration of the larynx in which there was dysphagia, and where it was impossible to introduce a sound, John Watson, of New York, performed œsophagotomy, and fed the patient for three months by means of a tube introduced through the wound into the stomach. The patient then

died of pneumonia. In the case of a man extremely reduced in strength, with a deeply situated cancer of the œsophagus, whom I had under my care during the last semester in Vienna, it was finally found impossible to introduce the sound. As up to the present time all cases of gastrotomy in the human subject have ended fatally, I could not decide upon this operation. I performed œsophagotomy, hoping to introduce a tube through the wound, and, by rotating it, to press it more easily through the valve-like situated projections of the new growth. In this I succeeded, but it was too late. The patient did not rally, and died the day after the operation. Not long before this case, I was obliged to dismiss as incurable another man who had a carcinomatous stricture of the œsophagus situated a little behind the cricoid cartilage. As it was possible still to introduce bougies, operative interference was not immediately indicated. The patient was much pleased, as he was able himself to introduce the bougies, and he afterwards experienced such great relief that he thought himself well. He could not be induced to remain longer in the hospital, and he did not afterwards return, as he had promised. In this case the resection proposed by me of the diseased portion of the œsophagus would probably have been practicable. The idea had occurred to me of performing this operation at first upon a large dog, in order to observe the appearance of the cicatricial tissue; but I thought it impossible in an animal to dilate the subsequently formed stricture with bougies.

The removal of the trachea, which Dr. Czerny performed upon dogs, and the subsequent attempt to introduce an artificial trachea, first proved to me how kindly dogs submitted themselves even to an operation. We made some experiments in introducing the œsophageal sound into some dogs, and these experiments succeeded so astonishingly well that I decided next to perform upon a dog the operation designed for man, in order to prove its practicability and its anatomical results, which could not be essentially different from those in the human subject.

The first operation of the kind which I performed myself was made upon a middle-sized hunting dog, and appeared to have the desired result; but on the fifth day after the operation the servant, whose duty it was to inject the milk into the stomach through a tube introduced through the wound, had the misfortune to thrust the tube into the mediastinum, and inject into

it the quantity of milk intended for the stomach. In consequence of this *error loci*, the animal died of mediastinitis and pleuritis. I therefore forego describing the details of the operation in this experiment. The second operation was performed by my assistants, Drs. Czerny and Menzel. On the 21st of April, 1870, a large yellow dog was placed under the influence of chloroform. The œsophagus, which was quite deeply situated, was exposed on the left side of the neck, and then with the finger and the handle of the scalpel it was separated from its connections to the extent of about two inches. The œsophagus was now cut across *in toto*, and an inch and a half of its calibre completely removed. The lower end was now fastened to the skin at the inferior margin of the wound by two incisions, in order to introduce more easily the œsophageal tube, for the purpose of artificial nourishment. The food introduced into the œsophageal tube consisted wholly of milk. As soon as the 26th of April, it was possible, by the aid of a finger placed in the wound, to pass a soft bougie through the mouth into the stomach; later, this could be done without such assistance. The sutures were removed in about a week after the operation. The enormous discharge of mucus through the wound was remarkable, appearing oftentimes as if mucus came up from the stomach. The wound gradually contracted externally, the discharge of mucus entirely ceased, and the healing of the wound would certainly have followed much more rapidly if we could have had a separate room for the dog. As this was impossible, he always partook of the same food as the other dogs. He could not swallow the masses of bone and meat. They stuck fast in the wound, or just above it, and produced for some time a not inconsiderable irritation. It often occasioned much trouble to remove from the constantly narrowing wound in the neck the masses which could not pass through. It was not till the end of June that the œsophageal fistula perfectly closed. The passage through the œsophagus was kept open by the daily introduction of the largest English œsophageal bougies, which are of the diameter of a large index finger. After the healing of the wound the dog was able to eat meat, potatoes, &c., to swallow well, and was in a good physical condition. Care was given to avoid setting bones before him.

On the 26th of July, I killed the dog with cyanide of potassium. The plate accompanying this paper shows that my supposition concerning the healing process

was correct. A simple, annular, very thin cicatrix, scarcely half a line wide, was found, which had been subjected to dilatation.

After such results, I should consider myself justified in undertaking upon man the resection of the œsophagus, in a case which I deemed proper for the operation.

Vienna, April 23, 1871.

Bibliographical Notices.

A Text-book of Pathological Histology: An Introduction to the Study of Pathological Anatomy. By Dr. EDWARD RINDFLEISCH, o.c., Professor of Pathological Anatomy in Bonn. Translated from the Second German Edition, with permission of the Author, by William C. Kroman, M.D., assisted by F. T. Miles, M.D., with two hundred and eight Illustrations. Philadelphia: Lindsay & Blakiston. 1872.

In 1869, the first German edition of this work was completed; in the following year, the second edition made its appearance, thus giving proof of the demand for a work of this nature. It is unnecessary to say that the great advance made of late years in pathological anatomy has been due in the main to the improvement in instruments and means of investigation, the microscope and experimental pathology. Where we once observed form, consistency and color in general, we now regard the same in detail. The spleen, for instance, is not regarded as an organ, but as a complex whole, made up of capsule, trabeculae, bloodvessels, pulp and follicles; the kidney is separated not only into cortex and medulla, but in the cortex one looks at malpighian corpuscles, at straight and convoluted tubules, &c. So with regard to other organs, as the liver, the lungs and so on. Even a slight acquaintance with normal or pathological histology compels one to see more, or at all events to look for more than would otherwise be the case. Normal histology, too, though it should spontaneously precede the pathological, at times is actually driven to the front from the demands made upon it by the latter. It became necessary, for instance, that a connective substance should exist in the brain, in order that an additional point of origin should be found for pathological growths; the neuroglia thus became recognized. Certain tumors were observed, whose structure resembled that of none of the well-known tis-

sues; the counterpart was found in the whartonian jelly. Thus the mucous tissue was added to the other members of the group of connective substances.

Rindfleisch has the credit of placing in the hands of the student a valuable assistant, an admirable compendium, not only of the results of the investigations of others, but also of his own. As Professor of Pathological Anatomy at Bonn, a position acquired only by proof of his ability to fill it, he is able to speak with authority on well-known truths, and demands a patient hearing, when his testimony on disputed points is presented. Not only is he well known as teacher, but also as an earnest student, endeavoring to add to the existing amount of knowledge as well as disseminating more widely that which has already risen to the surface.

His book is divided into a general and special part; the first with justice made as brief as possible, where so much depends upon theory, the latter giving a more or less complete description of the alterations of the tissues of the organs and systems of the body.

In the preface to the second edition, from which the present translation is taken, Rindfleisch resents the accusation of being older than he is; the careful reader will occasionally find that he seems younger than he ought to be.

In opposition to Virchow, cloudy swelling is considered as a passive process, a corrosion, in consequence of which the dissolved albuminates of the protoplasm coagulate and thus become visible. Virchow, as is well known, regards the granules found in such cases as an excess of those normally observed in the cell, their presence being due to increased activity of the cell, the result of irritation.

Rindfleisch speaks of the mucoid and colloid degenerations and of the amyloid infiltration. The question remains still an open one whether mucus necessarily arises from degeneration, or whether it may not be also a proper secretion. In considering the colloid degeneration, it must be regarded as an omission that no mention is made of the possibility of the colloid material making its appearance outside the cells, in the intercellular substance, in a similar manner to lime salts.

To the physician in general and to the surgeon in particular, the section with regard to pathological new-formations will present much of interest. These, according to the author, may be regarded as "an excess of the physiological new-formation."

Virchow's famous doctrine, *Omnis cellula e cellula*, is accepted by Rindfleisch; he states the question at present is, from what cells are the secondary cells produced? Von Recklinghausen and Cohnheim have presented facts which suggest the white blood-corpuscles as active agents in the new formation of tissues, without thereby excluding the connective-tissue corpuscles from taking part in these processes.

The history of normal growth is referred to as a type of the development of pathological products. With regard to the origin of epithelium, Rindfleisch is inclined to consider it as developed from migrating cells. The more recent observations of Wadsworth, Eberth and Hoffman suggest that the proliferation of preëxisting epithelial cells is the more probable method of origin. That migratory cells play a certain part is probable; whether directly or indirectly, by immediate conversion or by furnishing protoplasm, formative material, is uncertain.

With regard to the origin of pus, Rindfleisch says: "The chief mass of the pus is everywhere formed by the emigration of colorless blood-corpuscles out of the vessels: only that, first, the way which the wandering cells take, is directed in the one case towards a free surface, in the other towards a point situated in the parenchyma of connective tissue; and that, second, in the production of pus upon mucous and serous membranes, the participation of the epithelium in the production of pus cannot be excluded. * * * It has not been proven that all pus corpuscles originate directly from the vessels, but upon the one hand a formative irritation of the stable connective-tissue corpuscles has been proven, the breaking up of which into wandering cells is made probable."

The following description of the formation of an abscess is admirable: "The cells, primarily more uniformly dispersed in the inflamed parenchyma, leave the place of their development, and from all sides move together to a certain central spot, in which afterwards the suppurative focus (abscess, apostema) appears. By this locomotion upon the one hand, the spontaneous mobility of the cells is brought into play; upon the other, however, a greater or less transudation from the vessels, which accelerates the movement and determines their direction as well as the point of accumulation. If this flowing together has endured for a length of time, there arises at the point of conflux a knobby induration; within this the vessels are compressed, the parenchyma becomes pale. With the supply of blood,

however, nutrition also ceases, softening and fatty degeneration forthwith set in; in the abundant transudation the connective tissue fibres melt down and the cells loosen themselves. The palpating finger now feels fluctuation, the suppurative focus has been formed, or, to speak technically, the abscess is ripe."

With regard to the etiology of tumors, Rindfleisch grants "that it is more a thing of individual conviction, whether we will follow him who regards the tumor as the localization of a preëxisting dyscrasia, a tumor-producing disease, or him who holds the local affection in all cases as the point of origin and departure of the disease producing the tumor." The term "histioid tumors" is applied to what one usually speaks of as morbid growths, excrescences. The special products of syphilis, typhus (typhoid) and tuberculosis, are considered as arising from a "specific inflammation."

The term malignancy, so often used, so ill-defined, is thus regarded. Those tumors are malignant "which are not only dangerous to the sufferer, but which threaten the life of the patient in a very decided way, in that they occasion a constitutional disease (cachexia) which is incompatible with the salutary continuance of the entire nutrition." With regard to carcinoma, Rindfleisch understands by the term an essentially "clinical character that is anatomically but imperfectly expressed; i. e., only in the obligatory alveolar structure." He also considers that the majority of carcinomas proceed primarily from the epithelial surfaces, as skin, mucous membrane, or from secreting glands.

In speaking of epithelial cancers, it is asserted that "metastasis is probably in all cases caused by the migration of young epithelial cells, which cause at the place of their settlement an epithelial infection of the indigenous elements of the vascular connective-tissue system."

In the special part, the anomalies of special apparatuses, systems, and organs of the skin, mucous and serous membranes are treated of.

In the section on Diseases of the Heart, Rindfleisch's observation made in 1866 is referred to, wherein he states that the "small depots of softening," of the size of a pin's head, at times found in pyæmia, are not miliary abscesses, but are made up entirely of vibriones.

This observation has been recently confirmed by Von Recklinghausen, who has succeeded in discovering as the cause of the so-called small abscesses in pyæmia,

puerperal fever, typhoid, acute articular rheumatism, urinary infiltration and pulmonary gangrene, miliary accumulations of small organisms, which he calls micrococci. Von Recklinghausen considers these bodies to be identical with the forms occurring in diphtheritis, as described by Buhl, Oertel and Nasilloff, with those occurring in cystitis and pyelo-nephritis, as described by Traube and Klebs. That they are not metastatic in Virchow's sense is probable, from the fact that they are found outside the vessels as well as in them, in the interstitial tissue, and in the pulmonary alveoli. Observations are still being added by Buhl, Waldeyer and Klebs, showing that similar bodies are found in furuncular inflammation of the stomach and intestine, in the blood- and lymph-vessels, between and in the crypts. Klebs, still more recently, considers that these fungi take a very active part in producing the septicæmia often following gun-shot wounds, and, in fact, calls the bodies found in such cases *microsporon septicum*.

Prof. Richter, of Dresden, thus speaks of these micrococci, which now occupy so prominent a place in pathology. "These occur in all the natural kingdoms, in part as small points, round and oval corpuscles, ciliated little bodies, staff- and club-shaped formations, in short, with most manifold forms, even of threads and spiroïds; they occur in slime (protoplasm), and receive the most varied names—zoöglea, vibrio, bacterium, bacteridium, in France microzymes, granula organica, fermentifica, organites, coccozymes; the gregarious are also to be regarded as micrococci. Are the micrococci green, they are often called palmello; the micrococci at the bed of the ocean were called coccolithes and coccospheres."

With regard to the origin of diphtheritis, Rindfleisch expresses himself as a friend to the fungus view, but does not regard the evidence thus far received as sufficient to prove the supposition.

As the starting point of round ulcer of the stomach, the author regards the hæmorrhagic infarction.

The subject of tuberculosis will excite the interest of all readers of this work. With a fair statement of the views of others, Rindfleisch also brings forward such as may be considered as peculiar to himself.

With so much to interest the reader, valuable information as well as entertaining theories and suggestive ideas, it is unfortunate that the work of the translators could not have been differently performed.

German ideas in English costume may be somewhat obscure at best; still were idioms replaced by idioms, if necessary, and did the translators know what the author desired to express, the thoughts of the latter could better be appreciated by the reader.

Even to one tolerably familiar with the views expressed, but little information can be obtained from such a sentence as this:—"On the contrary, I can certify that there are cicatricial epithelioms, in which the cellular villi characteristic of these tumors proceed from the thin cicatricial epidermis." Referring to the original, light is obtained; the desired readers of the book will not have the same privilege.

This one great fault of the American edition presents itself only too forcibly throughout the entire volume. Print, paper, and especially the plates, are good. Indeed, the latter are such excellent copies that it would seem as if the blocks must have been obtained from Leipsic. Should such a supposition not prove correct, the engravers have reason to be proud of their success.

Medical and Surgical Journal.

BOSTON: THURSDAY, APRIL 4, 1872.

THE EARLY STAGES OF CALCULOUS DISEASES.

In a clinical lecture delivered at University College Hospital, and published in the *Lancet* of Jan. 13th, ult., Sir Henry Thompson has presented his views concerning the earliest stage of the development of urinary calculi and the appropriate treatment in such cases. After stating the distinction between calculi of local and those of constitutional origin, he makes the general observation that nineteen out of twenty of the latter class have uric acid for their basis and depend on a uric acid diathesis as strongly marked in its hereditary tendency as are tubercular or cancerous cachexiæ; so that, in a large majority of patients suffering from stone, there will be found the history of gravel or gout (the two diseases being identical), in a preceding generation.

The first sign of this uric acid diathesis in a patient is the persistent presence of the urates in the urine, independently of any

temporary dietetic disturbance. This condition tends to develop into a more serious state, characterized by the habitual passage of crystallized uric acid in the urine, quaintly described by the author as having the appearance of cayenne-pepper particles. Sooner or later, these uric acid deposits become aggregated in the kidney or bladder, and constitute the disease popularly called "gravel."

These primary stages of calculous disease are amenable to successful treatment. The simple general rule, too often followed in such cases, namely, the administration of alkalies, either in artificial or natural combination, results indeed in the disappearance of the urinary deposit, but it is only a temporary expedient whereby the disease is checked for the time being. The surplus deposit of uric acid in the urine is neutralized, but the constitutional state persists. The alkaline treatment, therefore, is only apparently effectual.

The real pathology of these cases suggests the proper course of treatment. The origin of what we call gouty symptoms as well as of a persistent superabundant uric acid deposit in the urine is due to defective assimilation on the part of organs associated with or forming the *primæ viæ*. The liver or some allied organ does not do its duty as an excreting medium, and the kidneys have an undue amount of work forced on them. The solid matters of the urine, or rather some of its ordinary constituents, are augmented, and among these uric acid is in excess, being eliminated in the urine not only in solution but in crystalline form. In other words, the formation of a large majority of renal or urinary calculi is the result of an active and capable organ vicariously relieving some other organ which is torpid. The true remedy, therefore, is, not to stimulate the kidneys, already overworked, but to use such agents as will correct the excretory action of the *primæ viæ* without depressing vital power, the liver receiving special attention.

To this end, the use of natural mineral waters, containing in solution sulphate of soda and sulphate of magnesia (the springs of Friedrichshalle and Carlsbad, for example), is regarded as preferable to the exhibi-

bition of drugs—taraxacum, mercury, nitric acid, the alkalies and the like, and to the employment of Vichy and other waters containing carbonate of soda as their chief active ingredient. The use of the waters alluded to should be continued six to eight weeks at a time, and the daily dose should be just sufficient to produce one daily active movement of the bowels. This treatment, combined with the very sparing use of alcoholic, saccharine and fatty forms of diet (the hydrocarbons), results successfully, according to the distinguished lecturer, in a large proportion of the cases presented, in checking calculous disease in its early stages.

J. T. BRADLEE, Esq.—We gladly give place to the following well-deserved resolutions passed by the Medical Staff of the City Hospital on the retirement of Mr. Bradlee:—

CITY HOSPITAL,
Boston, March 17, 1872:

J. T. BRADLEE, Esq.:—

Dear Sir,—At a meeting of the Association of the Physicians and Surgeons of the City Hospital, held this day, it was unanimously

Voted, That in view of the resignation of the President of the Board of Trustees, after eight years' connection with the hospital, the Secretary be instructed to convey to Mr. Bradlee an expression of the regret of the Medical Staff, that he feels obliged to leave us.

It would be doing injustice to our own feelings to let the occasion pass without expressing our appreciation of his long and devoted services to the institution, and of the pleasant relations which have always existed between him and the medical staff.

To him, and to all the other permanent members of the Board of Trustees, we feel that the hospital owes much of the honorable success it has achieved.

Respectfully,

DAVID W. CHEEVER, Sec.

MESSERS. EDITORS,—My attention has been attracted by the little notice of the "Private List" on the last page of the JOURNAL for March 21. A copy of the same was left upon my table also. In glancing over the first few pages, I came across the name of one of my own patients, who has been such for over ten years, and who never refused to pay his bills, although at times he has

been straitened by circumstances not within his control. This leads me to urge upon those members of the profession who subscribe to support the black list, the necessity for remembering the great injustice which may be done by one who has been justly discharged by a patient. It is the cheapest way of venting one's spite. Were the names on the black list accompanied by the names of the accusers, it might be of service. Not so endorsed, is not the list likely to become a tool in the hands of malice?

On the same page of the JOURNAL occurs an extract from the Philadelphia *Med. and Surg. Reporter*, entitled "Cold Water for Chancres." Has Dr. Hémaré said what he knew to be false, or has his translator in the *Med. and Surg. Reporter* tried to misrepresent him?

Let us read the passage with his own notes, as given us in that journal.

TEXT. "For twenty years he has used, and always with success, no other treatment than washing with cold water."

NOTES. No. 1. Sometimes he medicates the water with a little chlorate of potash or carbolic acid."

No. 2. "In a few days he covers it with a thick layer of collodion."

Notes by your humble servant. (No. 1.) I never drink anything but cold water.

(No. 2.) But sometimes I have it boiled, and medicate it with tea or coffee.

(No. 3.) At dinner time I occasionally add a little whiskey. Yours truly,

MED. I. CUSS.

THE HEALING OF WOUNDS.—At a recent meeting of the London Medical Society, Dr. Richardson presented his views concerning one of the most important departments of surgical practice, and one concerning which there has always been the most varied theorizing. The following abstract of his paper appears in the *Med. Press and Circular* for Feb. 21st ult.:—

On approaching the question of revision of this subject, the author held—1st. That it was necessary to exclude all extrinsic or imaginary attempts at cure, and secondly to avoid trusting blindly to what was called the "*vis medicatrix nature*," for Nature always pursues her own course, without respect to ease or pain, life or death. After this, Dr. Richardson proceeded to illustrate from clinical observation the results of healing in extreme cases by the first intention, and then he put the inquiry—Why? If in one case of the extreme kind named

there could be cure by the first intention, there should not be such cure in the majority of cases? Why, in short, should success by this method of cure be the exception instead of the rule? Two sets of causes stood in the way, one set remediable, the other irremediable. The remediable obstacles to recovery by the first intention are—want of care in bringing divided surfaces into perfect apposition; the too free use of water in dressing; the too prolonged exposure of wounds to the air; too much manipulation of the surface of the wound; the leaving of long ligatures within the wound; the imperfect closure of wounds from the air; the too hasty removal of dressings; and, lastly, and most important of all, error of judgment on the part of the dresser in respect to the question whether there be, in the case to be treated, sufficient continuity of surface to warrant the attempt to heal by the first intention? The irremediable causes preventing healing by the first intention are—nervous lesions influencing the vascular supply of the injured part; the accidental introduction into the wound of decomposing or other foreign matter; or the generation of organic poisoning product within the body. These causes lie apart from the science and art of dressing wounds, and may be left for a special and future discussion. For the promotion of healing by the first intention, the author contended that the dressing employed should have four distinct qualities; it should be colloidal, elastic, impermeable to air, and styptic. He had himself introduced a fluid possessing these properties, under the name of "styptic colloid," and it answered well, but he had no prejudice in respect to it specially, the principle on which it was constructed being conceded. Healing by the second intention formed the second part of Dr. Richardson's communication. Here, again, the rules named in relation to healing by the first intention were considered, and it was maintained that the same colloidal dressing was as effective in curing by the secondary as by the primary process, the difference of application being that the whole of the exposed surface was to be treated with the colloidal fluid. After giving a series of cases of rapid healing by the second intention, cases, in some of which bone had been exposed, and even a joint laid open, and after touching briefly on the addition of iodine to colloidal solution in some particular cases, the author placed before the Society a summary of his arguments in a series of short propositions, and concluded by insisting

that medical men lived to cure all they can, and to try to cure everything until they succeed, through whatever tribulation they may pass in the labor. But if they could become unanimous in respect to the current progress of medical science and art; if in this simple matter of treating wounds, for instance, they could be of one mind, they would strengthen their bases of operation, clear up as they went on, and would go on more collectedly, noiselessly, and powerfully towards new and certain conquest.

ASPIRATION IN RETENTION OF URINE, HYDROCEPHALUS, &c.—It is stated (*Med. Times and Gazette*) that this method "of treatment has been extensively tried in Leeds, by the aspirateur of Dieulafoy. Under Mr. Teale, we saw the case of a man, aged 23, who was suffering from synovitis of the knee of some years' standing. This, by some means or other, became acute; the joint was tapped by the aspirator, and four ounces of pus were removed. The temperature was not in any way affected, and, ten days after, another tapping was required, when four ounces and a half of fluid were removed; but neither did this afford relief, and a week after the joint was laid open on both sides, and it is now a question of excision of the joint or amputation of the limb. It is but right to add that this mode of treatment has been very successful in many cases of a similar kind; but the rule seems to be that, if good is not done at the first tapping, there is but little hope of subsequent success.

"The same treatment has been successfully employed in other kinds of cases. Thus, in Mr. Teale's hands, it has been used for tapping the bladder above the pubes in cases of retention of urine, with great success. A patient we saw had been suffering from stricture, when suddenly retention was superinduced. The aspirator was used above the pubes with immediate and permanent relief. Mr. Samuel Hey operated in the same way in a similar case, and took away eighty-four ounces of urine by its means. In both cases the patient did quite well, although, of course, the permanent stricture was not thus relieved; but in both the individual was enabled to pass his water before the supervention of retention. In yet another case we saw the same instrument used. The patient was a child under the care of Mr. Jessop. It was suffering from hydrocephalus. The fluid had been removed by degrees. A tapping had taken place at the date of our visit, and

INSENSIBILITY FROM ETHER.—ŒSOPHAGOTOMY.

eighteen ounces and a half of fluid had been thus withdrawn. The needle had been introduced at the anterior fontanelle, and occasioned no disturbance. The size of the head had been reduced, but the child seemed very dull and stupid. The same mode of treatment had been unsuccessfully followed in a previous case, but had failed, owing, probably, to the large quantity of fluid withdrawn at once."—*Virginia Clinical Record*.

ON THE FIRST INSENSIBILITY FROM ETHER. By JOHN H. PACKARD, M.D., one of the Surgeons to the Episcopal Hospital, Philadelphia.—When the vapor of sulphuric ether is inhaled, there is, as is well known, an early stage of complete muscular relaxation, in most cases soon succeeded by an excitement, which in turn gives way to the complete unconsciousness which is so desirable for protracted surgical procedures. It is not, however, so generally known that the muscular relaxation just mentioned is attended with entire anaesthesia. Advantage may be taken of this fact to perform many operations which, although intensely painful, occupy but a moment of time—such, for example, as the opening of whitlows or other abscesses. In this way much time is saved to the surgeon, while the patient is spared not only the suffering of the knife, but the vomiting, headache, and tedious return to consciousness which are so apt to follow the protracted administration of ether.

Again, when it is decided to dispense with anaesthesia, it often happens that the incisions made are not free enough—either because the patient resists, or the surgeon shrinks from giving pain; or it may be that the former cannot summon up his fortitude, and the operation is delayed until serious mischief has occurred, which might have been avoided by its earlier performance.

In large cities it is, of course, often easy to resort to the use of nitrous oxide, administered by those who make it a business; but in office practice, and in the country, the same end is attained by giving a small dose of ether. It is not even necessary to have an assistant, except in the case of children, or of very timid persons, who have not the force of will to follow out the directions given them. Generally, the whole affair may be managed easily, as follows:—

Let the patient lie on a sofa or reclining chair, and take in his own hand a folded handkerchief or towel, with about $\frac{1}{3}$ ss. of

ether poured over it. He should be instructed to breathe out strongly, and then to apply the inhaler at once, firmly, to his face, and to hold it there. He may be told also to raise up his other hand, and his attention repeatedly directed to keeping it up. As soon as the hands fall, the surgeon having everything previously in perfect readiness, promptly accomplishes his object, and the patient is at once allowed to "come to."

Sometimes it is better for the surgeon himself, or an assistant if one is to be had, to manage the towel or other inhaler, the patient being told to concentrate his attention upon holding up one or both hands.

To those who are already acquainted with this "dodge" and with its value in the opening of abscesses, the reduction of dislocations, the introduction of instruments into the bladder, &c. &c., no apology can be necessary for this communication. I trust that some who have not hitherto known of the plan may be induced to try it, and may find it as useful as it has been to me.—*Phil. Med. Times*.

ŒSOPHAGOTOMY IN A CHILD.—M. Péan lately related to the Academy of Medicine in Paris the case of a child aged 5 years, on whom he performed œsophagotomy for the removal of a peach-kernel. The incision, five centimetres in length, was made along the anterior border of the left sternomastoid muscle; and the dissection was carefully carried down to the œsophagus, in which, at the point where the foreign body pressed, a small ulceration was observed. As it was difficult and even dangerous to attempt to open the tube, M. Péan determined to change the position of the kernel by manipulation, and to endeavor thus to guide it upwards. In this he succeeded; and the foreign body was ejected by the mouth with a slight attempt at vomiting. The child was fed for some days by means of an œsophageal tube, until the ulcerated opening had cicatrized. The wound healed well, and perfect recovery followed.—*Jour. de Méd. et de Chir. Pratique*.

At Omaha, recently, a red flag was placed in front of a house used for the reception of smallpox patients. A large crowd was attracted by it, who besieged the front door and wondered when "the auction was going to begin." When informed of the real state of the case they scattered "in double quick."—*Med. and Surg. Reporter*.

Medical Miscellany.

BOSTON DISPENSARY.—The following are the statistics of this institution for the six months ending March 31st. The number of new patients at the Central Office is 6889, of which 4777 were medical cases and 2112 surgical. The number of new patients in the Districts during the same time is 4501, treated with the following results:—

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| Discharged, cured or relieved, | 4039 |
| Sent to hospitals or removed from Dist., | 247 |
| Died, | 155 |
| Under treatment, | 183 |

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|--|-----|
| Under treatment at last annual report, | 123 |
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| Number of cases at Central Office, | 6881 |
|------------------------------------|------|

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|--|---------|
| Total No. of cases at Central Office and in Districts, | 11,382 |
| No. of recipes during the six months, | 22,995 |
| No. of recipes since July, 1856, | 680,280 |
| No. of patients since July, 1856, | 440,522 |

SAMUEL A. GREEN, Supt.

AMERICAN MED. ASSOCIATION.—The Twenty-third Annual Session will be held in Horticultural Hall, Broad Street above Spruce, on Tuesday, May 7, 1872, at 11, A.M. Most of the railroads of the country offer transportation to and from the convention at half or two-thirds rate. All who desire to avail themselves of such rates must send to the Secretary their full names, and the names of all the railroads over which they must travel in coming to the session, with stamp for postage.

WM. B. ATKINSON,
1409 Pine St., Philadelphia.

CONSULTING PHYSICIANS OF THE CITY OF BOSTON.—Drs. William Read, George Fabian, M. C. Greene, John W. Foye, and Thomas Hall, Jr., were elected consulting physicians by the Board of Aldermen on the 25th ult.

BOSTON CITY HOSPITAL.—Dr. F. E. Bundy has been appointed Admitting Physician to the Boston City Hospital.

Dr. O. W. Doe has been appointed Physician to Out-patients at the City Hospital, in place of Dr. F. I. Knight, resigned.

At a recent meeting of the Trustees of the Massachusetts General Hospital, the office of Dentist to the Institution was established, and Charles Wilson, D.M.D., was appointed to the position. The number of patients presenting themselves at this clinic has largely increased, as many as two thousand having been operated on during the last year.

NEW TREATMENT FOR WENS.—Dr. A. J. Perkins says, in the *Georgia Medical Companion*, that the hypodermic syringe is an effectual instrument in the cure of those encysted tumors of the scalp usually called wens, where the patient objects to the knife. It is to be charged with pure

tincture of iodine and the point inserted well into the body of the tumor, and as much of the tincture forced in as the tumor will contain. In a few days the sac shrinks away from the surrounding parts, and may be easily removed.—*N. Y. Med. Record.*

ANCIENT SCEPTICISM ABOUT BLEEDING.—Mr. Gideon Harvey, in his *Varieties of Philosophy and Physic* (1689), says: "It is a consequence, an idiot asserts, because a person, having been blooded eight or ten times in a great distemper, doth recover his health, he owes the benefit of it to the bleedings; whereas it ought rather to be said neither the distemper nor the bleeding could kill him."—*British Medical Journal.*

A TELEGRAM to the morning papers of the 4th inst., states that cerebro-spinal meningitis is on the increase in New York. Several additional deaths from this disease were reported on the 3d.

TO CORRESPONDENTS.—Communications accepted:—Dysmenorrhœa caused by a Polypus of the Uterus: Pregnancy and Abortion.

DIED.—In this city, 27th ult., Dr. Samuel Morrill, 72 years.—At Castletown Conyers, Ireland, 2d ult., William Ahern, M.D., late of Springfield, Mass., 30 years.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending March 30, 1872.

| Cities and Towns. | No. of Deaths. | Prevalent Diseases. |
|-----------------------|----------------|----------------------------------|
| Boston | 167 | Consumption 58 |
| Charlestown | 11 | Pneumonia 52 |
| Worcester | 24 | Scarlet fever 18 |
| Lowell | 24 | Croup and Diphtheria 9 |
| Milford | 8 | Smallpox 9 |
| Chelsea | 7 | Measles 8 |
| Cambridge | 20 | Erysipelas 7 |
| Salem | 10 | Typhoid Fever 7 |
| Springfield | 9 | |
| Lynn | 24 | |
| Gloucester | 7 | |
| Fitchburg | 3 | |
| Newburyport | 4 | |
| Somerville | 6 | |
| Fall River | 9 | |
| Haverhill | 2 | |
| Holyoke | 4 | |
| | 338 | |

The deaths from smallpox were as follows:—Seven in Boston, one in Gloucester, one in Milford.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, March 30th, 167. Males, 85; females, 82. Abscess, 1—apoplexy, 2—anaemia, 1—inflammation of the bowels, 4—disease of the bowels, 1—bronchitis, 9—inflammation of the brain, 2—congestion of the brain, 2—disease of the brain, 5—cancer, 1—canker, 1—cerebro-spinal meningitis, 2—consumption, 30—convulsions, 2—croup, 4 cyanosis, 1—debility, 5—dropsy, 1—dropsy of the brain, 4—diphtheria, 1—erysipelas, 2—scarlet fever, 9—typhoid fever, 1—disease of the heart, 5—haemorrhage, 1—intemperance, 1—disease of the kidneys, 5—laryngitis, 1—disease of the liver, 23—congestion of the lungs, 5—inflammation of the lungs, 23—marasmus, 1—measles, 3—old age, 4—pleurisy, 2—peritonitis, 1—premature birth, 3—puerperal disease, 2—pyæmia, 1—suicide, 1—smallpox, 7—teething, 1—unknown, 6.

Under 5 years of age, 65—between 5 and 20 years, 22—between 20 and 40 years, 32—between 40 and 60 years, 22—above 60 years, 23. Born in the United States, 115—Ireland, 38—other places, 44.